

Commonwealth of Virginia  
Secretary of the Commonwealth  
**Application for Appointment as Notary Public**

**Instructions:**

1. PRINT LEGIBLY OR TYPE ALL ANSWERS. APPLICATION MUST BE COMPLETED FRONT AND BACK
2. Parts 3-5 must be completed by the specified official in each part.
3. Make check or money orders for \$45.00 payable to the Treasury of Virginia. Each application must be accompanied by a check. Checks must note the name(s) of each applicant.
4. Return this application completed in full with your check or money order to: Notary Clerk, Office of the Secretary of the Commonwealth, P.O. Box 1795, Richmond, VA 23218-1795

**Part 1: (Please circle one: Male, Female)**

1. Name: \_\_\_\_\_ 2. \_\_\_\_\_  
As your commission will read (Must be the same as the name on your state issued ID) \*Social Security Number\*
3. Notary Registration Number \_\_\_\_\_ 4. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(For all notaries renewing their commission)
5. Mailing Address: \_\_\_\_\_  
Number & Street or Post Office Box City/Town Zip Code
6. Present Employer: \_\_\_\_\_
7. Office Address: \_\_\_\_\_  
Number & Street or Post Office Box City/Town Zip Code
8. Occupation: \_\_\_\_\_
9. \_\_\_\_\_ 10. \_\_\_\_\_ 11. \_\_\_\_\_  
Circuit Court in which you wish to receive your oath. Home Telephone Number Work Telephone Number

**12. Please Check:**

- | Yes                      | No                       |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you at least 18 years old?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you read and write English?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of a felony? Provide Date(s), Court(s), and Offense(s) for each felony conviction,<br>If yes: _____<br>Date(s) of Conviction(s) Court(s) Offense(s) |
| <input type="checkbox"/> | <input type="checkbox"/> | Have your Civil Rights been restored by a Governor following felony conviction(s)?<br>If yes, please provide documentation of your Restoration of Rights with your application.  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently serving as a Notary Public in Virginia?  |

The Certificate evidencing your appointment as Notary Public contains the following words: "... in the year of our Lord..." If you would like to have these words omitted from your certificate, check this box. ☐

**Part 2: Please put your initials next to each statement indicating that you understand the information provided.**

\_\_\_\_\_ A Virginia Notary Public must be familiar with and understand everything contained in "The Handbook for Virginia Notaries Public." The handbook is located on the following website:

<http://www.commonwealth.virginia.gov/OfficialDocuments/Notary/notary.cfm>

\_\_\_\_\_ A notary must always be completely satisfied with the identity of the person whose signature is being notarized. A notary is not obligated to notarize a person's signature without being sure that the person is who he or she claims to be. Always check identification and be satisfied that the identification is valid. Never accept the word of a third party as being sufficient for identification to justify notarizing a person's signature.

\_\_\_\_\_ A notary is not required to charge a fee for his or her services, but if a fee is charged; it cannot be for more than \$5.00 for each document notarized.

\_\_\_\_\_ A notary is not authorized to perform marriages or certify birth, marriage or death certificates nor any other act that constitutes the practice of law.

\_\_\_\_\_A notary must provide the following items on each document notarized:

1. The name of the county or independent city in which the document is signed.
2. The date it is signed.
3. Notary's statement
4. The notary's signature
5. The date the notary's commission expires
6. The notary's registration number

\_\_\_\_\_A notary must never notarize a signature that is on a different page than the notary statement

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**Part 3:**

I the undersigned Applicant do hereby swear (or affirm) that the information supplied herein is true and complete, to the best of my knowledge and belief.

City/County of \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

State/Commonwealth of \_\_\_\_\_

Acknowledged and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary, Clerk or Deputy Clerk

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Notary Registration Number (or official title if not a notary)

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**Part 4:**

**RECOMMENDATION** (Must be a Clerk or Deputy Clerk of any general district court of this Commonwealth; a Commonwealth's Attorney or an Assistant Commonwealth's Attorney; the Attorney General or any his/her Assistants; or a member of the General Assembly.)

I have examined this application and recommend the Applicant for appointment as Notary Public.

\_\_\_\_\_  
Name of Official (Please Print)

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Date

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**Part 5:**

**ATTESTATION FROM THE CIRCUIT COURT**

I have reviewed this application and confirm that the person making the recommendation holds the office.

\_\_\_\_\_  
Name of Circuit Court Clerk or Deputy Clerk (Please Print)

\_\_\_\_\_  
Signature of Circuit Court Clerk or Deputy Clerk

\_\_\_\_\_  
Title of Official

\_\_\_\_\_  
Date

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**NOTE: By law, you must claim your commission within 60 days after it is issued. If you fail to do so you must submit a new application and a new fee to become a Notary.**

If you have not received a notice of your commission within four weeks call the Secretary of the Commonwealth's Office at (804) 692-2536 or by emailing to [socmail@governor.virginia.gov](mailto:socmail@governor.virginia.gov)

Sometimes notices are lost in the mail. Failure to receive a notice will not permit you to receive a commission after the 60-day period has expired.

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\*The Commonwealth of Virginia requests that each Notary Public Applicant submit a Social Security Number on a voluntary basis. This number is used as a unique number for the applicant and recipient identification in processing forms for application and appointment.

(Public Law 93-579, referred to as the Federal Privacy Act, became effective September 27, 1975. Section 6(b) of this law requires that any Federal, State or Local Agency which requests an individual to disclose his/her Social Security Number inform the individual whether that disclosure is mandatory or voluntary, by which statutory or other authority the number is solicited, and what uses could be made of it.)\*